U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is trianglatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 2

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

1 / 1 / 2004 Through: 12 / 31 / 2004

Name DONALD A MILLER	Name IUOE 132
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. BOX 6770
Street 98D, BAST COVE AVENUE	Street 606 TENNESSEE AVENUE
City WHEELING	City CHARLESTON
State West Virginia ZIP Code + 4 26003	State West Virginia ZIP Code + 4 25362-0770
5. Position in labor organization. AUDITOR/DISPATCHER	
Enter appropriate data below if, during the past fiscal year, you or your sport (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if arry	7.b. Amount.
Street	1.0. Parisonal
City	\$o
State ZiP Code + 4	
Sign	nature
undersigned's knowledge and belief, true, correct, and complete. (See the sec	ring documents), has been examined by the signatory and is, to the best of the
Signed Donald Miller	On 07/07/2005 (304) -238-0000
	Date Telephone Number
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:	ļ	
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if arry	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if arry			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.	\$0 	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if arry:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13 h le the Rueinees on Employer or Consultant 2	14.b. Amount of payment.	0	